

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/9/05

2 Serial/Patent # 10/518984

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	1	12/21/04	\$ 50							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 50								
		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	Treasury Check									
<input checked="" type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:									
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table;"><tr><td>0</td><td>8</td><td>--</td><td>0</td><td>8</td><td>7</td><td>9</td></tr></table>			0	8	--	0	8	7	9
0	8	--	0	8	7	9					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>									
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9940</u>									
OFFICE: <u>PCT</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B